

# 2015 Insurance Premiums



Human Resources Department

## BI-WEEKLY HEALTH INSURANCE PREMIUMS

Health Plan UMR	12.5% Employee Contribution		13.75% Employee Contribution		15% Employee Contribution		100% Premium
	EE Amt	City Amt	EE Amt	City Amt	EE Amt	City Amt	Total Monthly Premium
Single	\$38.22	\$267.57	N/A	N/A	\$45.87	\$259.92	\$611.58
Family	\$92.58	\$648.13	\$101.84	\$638.86	\$111.11	\$629.61	\$1,481.41

## BI-WEEKLY DENTAL INSURANCE DEDUCTIONS

DENTAL INSURANCE – 12.5%		Employee Amount	City Amount	Total Monthly Premium
Dental Plan (Humana Dental)				
	Single	\$2.47	\$17.32	\$39.58
	Family	\$7.52	\$52.62	\$120.28
Dental Plan (Dental Associates Care-Plus)				
	Single	\$1.98	\$13.88	\$31.72
	Family	\$6.02	\$42.16	\$96.36

### Health Plan

- 15% - Single Plan, if Employee did not complete the HRA requirements.
- 15% - Family Plan, if neither Employee or Spouse complete the HRA requirements.
- 13.75% - Family Plan, only Employee or Spouse complete the HRA requirements.
- 12.5% - Single Plan, if Employee completed the HRA requirements.
- 12.5% - Family Plan, if Employee and Spouse both completed the HRA requirements

### Dental Plan

- Employees contribute 12.5% of the premiums.



## 2015 MONTHLY RETIREE & COBRA PREMIUMS

2015 Retiree & COBRA Insurance Health Plan Premiums			Retiree Premium	COBRA Premium
Health Plan – (UMR)	Single		\$733.21	\$623.81
	Family		\$1776.04	\$1511.04
Retiree High Deductible Plan - (UMR)	Single		\$548.45	\$559.42
	EE + 1		\$1096.90	\$1118.84
	Family		\$1891.98	\$1929.82
2014 Retiree & COBRA Insurance Dental Plan Premiums			Retiree Premium	COBRA Premium
Humana Dental Plan	Single		\$39.58	\$40.37
	Family		\$120.28	\$122.68
Dental Associates Plan	Single		\$31.72	\$32.35
	Family		\$96.36	\$98.29

## PERSONAL BENEFIT ACCOUNT (PBA) MONTHLY COBRA PREMIUMS

SINGLE PLAN	\$17.00
FAMILY PLAN	\$34.00

## RETIREE MEDICARE CARVE OUT PREMIUMS (for Retirees under age 65)

2014 Retiree Medicare Carve Out Premiums (Retirees on Medicare and on our health plan, <u>under</u> age 65)			Plan 3	High Deductible
Single			\$596.10	\$445.88
Family with 1 Medicare Beneficiary			\$1296.58	\$916.83
Family with 2 Medicare Beneficiaries			\$1154.49	\$816.36